

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	242439US2
	First Inventor or Application Identifier	Yoshio MACHIDA
	Title	COMPUTED TOMOGRAPHY APPARATUS AND PROGRAM

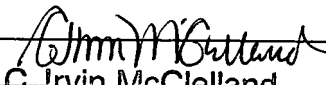
<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents	ADDRESS TO: Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)  2. <input checked="" type="checkbox"/> Specification Total Sheets <span style="border: 1px solid black; padding: 0 10px;">59</span>  3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets <span style="border: 1px solid black; padding: 0 10px;">20</span>  4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages <span style="border: 1px solid black; padding: 0 10px;">3</span> a. <input checked="" type="checkbox"/> Newly executed (original) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 17 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification or Sequence Listing on : i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies	<b>ACCOMPANYING APPLICATION PARTS</b>  7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations (4) 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard 14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (1) (if foreign priority is claimed) 15. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 16. <input checked="" type="checkbox"/> Other: Request for Priority, Statement of Relevancy

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

☐ Continuation    ☐ Divisional    ☐ Continuation-in-part (CIP)    of prior application no.:  
 Prior application information:    Examiner:    Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

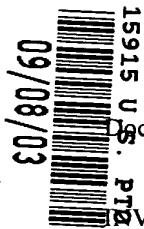
<b>18. CORRESPONDENCE ADDRESS</b>  Customer Number <div style="font-size: 1.2em; font-weight: bold;">22850</div> (703) 413-3000 FACSIMILE: (703) 413-2220
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Signature:	 C. Irvin McClelland	Date:	9/8/03
Name:	Registration Number 21,124	Registration No.:	

17858 U.S. PTO

10/656277





Packet No. 242439US2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Yoshio MACHIDA

SERIAL NO: New Application

FILING DATE: Herewith

FOR: COMPUTED TOMOGRAPHY APPARATUS AND PROGRAM

FEE TRANSMITTAL

COMMISSIONER FOR PATENTS  
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	24 - 20 =	4	x \$18 =	\$72.00
INDEPENDENT CLAIMS	8 - 3 =	5	x \$84 =	\$420.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
<input type="checkbox"/> LATE FILING OF DECLARATION			+ \$130 =	\$0.00
BASIC FEE				\$750.00
TOTAL OF ABOVE CALCULATIONS				\$1,242.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING BY SMALL ENTITY				\$0.00
<input type="checkbox"/> FILING IN NON-ENGLISH LANGUAGE			+ \$130 =	\$0.00
<input type="checkbox"/> RECORDATION OF ASSIGNMENT			+ \$40 =	\$0.00
TOTAL				\$1,242.00

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☐ A check in the amount of \$0.00 to cover the filing fee is enclosed.

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☒ The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment form is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,  
MAIER & NEUSTADT, P.C.

Date: 9/8/03

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